

**PRE-CONFERENCE REVIEW EVENT SHEET**

State Form 49929 (R1 / 07-01)

By no later than one month prior to your event, you should schedule an on-site meeting to finalize your conference details. This will assure a better presentation for your agency.

DEPARTMENT OF ADMINISTRATION**Conference Center**

Telephone (317) 233-3117

Fax (317) 233-0011

conference@doa.state.in.us

We are not staffed as a full-service conference facility. Your careful attention to detail in the planning stages is very important. We also do not have the full range of equipment that can be found in a full-service facility. Please be mindful of this and request only the equipment that you really need. We will do our best to handle your request, but there may be times when you will have to go to a vendor to rent equipment.

Name of Event**Date(s) of Event****ROOM:** _____**DATE(S):** _____

Start Time

_____ AM

_____ PM

Need Access Before Start

_____ AM

_____ PM

End Time

_____ AM

_____ PM

Need Access After End

_____ AM

_____ PM

SPEAKER #1: _____**SPEAKER #2:** _____**SPEAKER #3:** _____**SPEAKER #4:** _____

We are not staffed as a full-service conference facility, so we will not change the rooms throughout the day. Place your speakers in rooms that work. For example, if some of your speakers want a specific set-up, put them in the same room, one following the other. Be mindful of equipment also. If you have speakers that want the same equipment, try to keep them in the same room, to keep the equipment use to a minimum. This may keep you from having to rent equipment from an off-site vendor.

Set Up Requested**Total Number of People Attending:** _____☐ Conference (closed or hollow square)☐ Horseshoe☐ Horseshoe # _____ + Audience # _____☐ Horseshoe # _____ + Classroom # _____☐ Theatre / Audience☐ Classroom (seated at tables)☐ Hearing Style (include diagram)☐ Head Table for # _____☐ Food Service Table # _____☐ Registration Table # _____☐ Display Table # _____ (limitations apply)☐ Special Request or Arrangement (specify below)**Equipment Requested**☐ Podium w/ Microphone☐ Podium w/out Microphone☐ Microphone (to amplify) # _____☐ Microphone (to record) # _____☐ Microphone (to do both) # _____☐ Lapel Microphone # _____☐ Cassette Recorder☐ Cassette/CD Player/Recorder☐ VCR/Monitor☐ VCR/Monitor (Close Captioned)☐ ELMO Visual Presenter☐ Mixer☐ Other: _____☐ Overhead Projector☐ Slide Projector☐ Laser Pointer☐ LAN Connection☐ Easel☐ Flipchart☐ Whiteboard☐ Screen☐ Telephone☐ Speaker Phone☐ Conference Phone☐ Mult Box**Special Request / Special Arrangement / Room Diagram:****AUDITORIUM REQUESTS ONLY: Total Number of People Attending:** _____☐ Podium w/out Microphone☐ Podium w/ Microphone☐ Head Table for # _____☐ Microphone for Head Table # _____☐ Floor Microphone # _____☐ Tables in Atrium for Food # _____☐ Lapel Microphone # _____☐ PowerPoint Presentation (**please see below***)☐ Internet Presentation (use our system)☐ Visual Presentation (ELMO / Overhead Projector)☐ Assistive Hearing Devices will be needed # _____☐ Tables in Atrium for Registration # _____☐ CD☐ Cassette☐ VCR☐ Laser Pointer☐ Mult Box☐ Cassette Recorder

***PowerPoint: You must use our computer for this presentation.** We have PowerPoint 2000. This software will read PowerPoint 97, 98 and 2000. Please use the "Pack and Go" function found in "File" of your PowerPoint program and download the presentation to floppy disks, a zip disk or CD. For a better presentation in this particular room, do not use a dark background on your slides.

Please be advised that this is a request form only. Presentations requiring the presence of staff to change modes may require that the requesting agency hire professional audio-visual staff for the event.

OTHER NOTES:**CONFERENCE CENTER OFFICE USE ONLY**

Meeting Held:

Persons in Attendance:

Follow Up: